1944.

LEGISLATIVE COUNCIL,
FIJI.

COUNCIL PAPER No. 17.

Medical Department.

(Annual Report for 1943.)

I.—ADMINISTRATION.

The public health and general medical services continued to be administered by the Director of Medical Services.

The following statement shows the number of Government staff engaged in each of the main subdivisions:—

1—Medical.

(*a*) Medical Officers (inclusive of all full time qualified doctors)	21
(*b*) Native and Indian Medical Practitioners	75

2—Sanitary.

(*a*) Sanitary Inspectors (qualified)	5
(*b*) Other Sanitary Staff	18

3—Nursing Staff.

(*a*) Trained Registered Nurses	68
(*b*) Certificated Non-European Nurses	137
(*c*) Others—chiefly Nurses in Training	86

It is with deep regret that the untimely death in July of Dr. D. C. M. Macpherson, Assistant Director of Medical Services, has to be reported.

II.—FINANCE.

The figures of the actual revenue and expenditure are not yet available, but the estimates were as follows:—

(*a*) Revenue—	
Hospitals and Dispensaries	£16,863
Public Health	1,300
Medical Education	2,200
(*b*) Expenditure—	
Hospitals and Dispensaries	£86,394
Public Health	26,744
Medical Education	9,466

The year was marked by a revival of the proposals brought to a standstill by the war for a large building programme to improve and extend the medical, public health and medical training services. It is hoped with assistance from the Colonial Development and Welfare Fund to accomplish within a reasonable time the long sought after aim of establishing in Suva a Medical Group Centre to serve as the headquarters of the co-ordinated medical services of a large number of the island groups in the South West Pacific.

III.—VITAL STATISTICS.

The main figures are set out in the tables in Appendix A and in this effort to analyse them it must be said that it is again impossible to escape the influence of the comparison that always exists between the Fijian and Indian figures. In this regard, however, it is again necessary to stress the fact, elaborated in former reports, that the Fijian race still suffers from certain disabilities, both physical and psychological, which do not affect the Indian and which greatly depreciate the value of Indian vital statistics as a yardstick for the measurement of Fijian progress.

Table A contains an estimate of the population by races at the end of 1943, and compares the total figures with those for 1942. It brings to light the following significant facts—

(*a*) that the Indian population increased by 3,907;
(*b*) that the Fijian population increased by 2,126;
(*c*) that the increase of the Indian population, therefore, exceeded that of the Fijian by 1,781;
(*d*) that at some time during the year 1944, the Indian population is likely to catch up on and surpass the Fijian.

Nevertheless, the Fijian population has increased by 33·73 per cent since 1919.

Table B shows that for the year under review the crude birth rate was 35·01 for the Fijian race as compared with 43·42 for the Indian. Table C shows the crude death rate to have been 15·92 for the Fijian and 7·54 for the Indian race. Table E gives the infant mortality rates under one year and by races, and compares them with corresponding figures for the previous ten years. It shows the Fijian death rate to have been more than double that of the Indian, and even brings to light an increase of just over 10 per 1,000 in the Fijian rate during the last three years. This last fact may fairly be attributed chiefly to the war which has affected the Fijians so much more than the Indians. The infantile mortality figures for the Polynesian island of Rotuma, with its population of approximately 3,000 show an alarming and largely unaccountable rise from 90·91 in 1942 to 130·77 in 1943. The need for closer medical supervision in this island is obvious when it again becomes available. Table F sets out child mortality rates under five for the Fijian and Indian communities which include the figures already quoted in Table E. They show that whereas 613 Fijian children died before they had attained the age of five years, the corresponding figure for Indian children was only 254. Even allowing for their greater susceptibility to infectious diseases, a large measure of the responsibility for this heavy toll of Fijian children must be set down to indifferent parenthood and allied psychological causes. Yet there again a proper evaluation of the statement calls for an appreciation of the steady rise that has taken place in the Fijian population over the last twenty-four years, and of the results of intensive child welfare which are seen chiefly in the drop in infant mortality rates from 186·12 to 91·5 in fourteen years, in the much improved hygienic standards in the villages (although a falling off in this direction has resulted from the depletion of village population to meet the demands of the war) and, a fact of the utmost importance in racial regeneration, in the raising of the status of woman in Fijian society as a direct result of her enhanced importance as an indispensable agent in the child welfare campaign. It has also to be remembered that the present Fijian infantile death rate compares favourably with that of similar peoples with comparable living conditions in other parts of the world, and finally that in all of the attendant circumstances a rate of under 100 can be regarded as relatively satisfactory.

A good deal of capital has been made in the past and will doubtless be made again in the future, out of an assumed competition between Fijians and Indians for first place in numbers of population, whereas a calm analysis must show that it has long been both evident and inevitable that the Indian must one day win this hypothetical race. In any case, the arrival at this very time of that fateful day may be met with a confidence that is born of the knowledge that with the control of disease and a steadily maintained rise in its population figures, the Fijian race has successfully passed through the most critical period of its existence, and that those pyschological and more vague enemies of racial virility which are the outstanding causes of persisting defects are now to be treated in the way which more than any other can promise a successful issue, that is to say, by placing the responsibility for their government still more firmly and more definitely in the hands of the Fijians themselves.

Although the effect of all this is to show that the vital statistics of the Indians of Fiji set too high a standard for comparison with the Fijians in their present state, it is impossible to ignore as the ultimate lesson that the Indian standard must ever be the aim.

IV.—PUBLIC HEALTH.

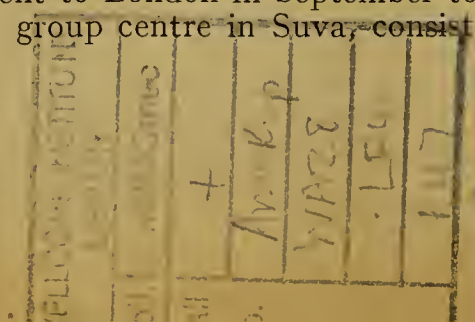
A—STAFF AND ORGANIZATION.

Although certain changes are in immediate contemplation, there is still only one full-time Medical Officer of Health on the permanent establishment, and while his specified duties lie within the port, urban and rural areas of Suva, as adviser to the Central Board of Health he has Colony-wide responsibilities. The great increase that has taken place in Public Health development has necessitated the secondment of two members of the staff of Medical Officers for full-time duties as Medical Officers of Health. These last are stationed, the one in Suva as Assistant to the Medical Officer of Health—the other in Lautoka where he has charge of the main industrial areas. In other places curative and preventive medicine are more definitely associated by making the local Medical Officers *ex officio* Medical Officers of Health. The Native Medical Practitioners also fit into the picture by combining public health with their curative duties, and they work very satisfactorily even where very little supervision is possible. Parenthetically it must be remarked that the tendency not to regard the Medical Officer of Health as the clinical head of his organization, and so to draw too sharp a line between the curative and preventive sides is much to be deprecated. The staff of Public Health Nurses was strengthened during the year by the creation of three new senior posts. Except in the towns the duties of all these officers are chiefly concerned with Fijian welfare. The sanitary staff consists of five qualified sanitary inspectors with eighteen unqualified assistants. Public health is being carried more and more intensively into the lives of the people by encouraging the principle of volunteer workers, a principle which in the case of the Fijians has become the very keystone of their successful child welfare movement.

The Director of Medical Services is Chairman of the Central Board of Health, and Local Authorities are appointed under the Towns, Township and Public Health Ordinances. Public health in the Fijian villages is still carried out under the code of Native Regulations and is co-ordinated with general public health work through the Government Medical Officers.

B.—GENERAL.

An advance of vital importance in the public health of Fiji and neighbouring island groups took place during 1943 when the principle of establishing a co-ordinated Pacific medical service was given definite recognition first locally and then by the Secretary of State for the Colonies. The Director of Medical Services was sent to London in September to discuss this point and the allied matter of establishing a medical group centre in Suva, consisting of a new and enlarged



central hospital with an obstetric section and separate provision for infectious diseases, a public health centre, new medical and nursing schools and improved research facilities. The scheme embraces a proposal to use the existing hospital for the purposes of the public health centre, central offices for the Medical Department, and an out-patient treatment section which will obviate the public inconvenience that would otherwise arise from the distance of the proposed new hospital from the centre of the town. When the scheme inevitably eventuates Suva will take the place towards which it has been steadily moving for half a century as the headquarters for the co-ordination and administration of the medical services of the surrounding Melanesian, Polynesian and Micronesian peoples. This most important project could only be accomplished with the most generous assistance from the Colonial Development and Welfare Committee.

C.—COMMUNICABLE DISEASES.

It is again a matter of great satisfaction to be able to report that during the year under review the Colony enjoyed a remarkable freedom from infectious diseases, although the contrary might easily have been expected from the presence of Armed Forces in large numbers, and the complications resulting from the war to the normal public health risks. This fortunate state of affairs is undoubtedly attributable largely to the excellent relations that have existed and the close collaboration that has been established between the civil health authorities and those of the Armed Forces.

(*a*) *Tuberculosis* continues to be the most serious of local disease problems. A provision of £F28,000 made under the Colonial Development and Welfare Act in 1943 for the investigation of tuberculosis in Fiji, the Solomon, and Gilbert and Ellice Islands awaits the time when the adjustment of existing shortages of staff will enable action to be taken. In the meantime the tuberculosis problem is by no means in a state of neglect. The use of X-rays is leading to the discovery and successful treatment of many early cases, the totally inadequate accommodation of the temporary tuberculosis hospital is fully and usefully occupied, public attention is being drawn to the subject and methods of prevention emphasized by propaganda; in short the public has become tuberculosis minded and more than ordinarily receptive to anti-tuberculosis measures.

(*b*) *Venereal Diseases.*—Venereal diseases have been kept well under control by effective co-operation between the Civil and Military Health Authorities, and by opening a special hospital where females suffering from venereal disease were treated along modern lines, including attention to social welfare.

(*c*) *Typhoid and Dysentery.*—There is nothing of note to report on either disease; the notifications for the former being 99 and for the latter 273.

(*d*) *Yaws.*—Although the shortage of arsenicals has undoubtedly had an effect on the incidence of yaws, there is no evidence to show that this disease is not well under control.

(*e*) *Ankylostomiasis.*—Only 871 clinical cases were reported for the year. The infection is widespread, particularly throughout the wet zone, but the infestation rate remains satisfactorily low.

D.—HOUSING.

The shortage of housing due to the presence of the Armed Forces in large numbers continues to be felt, and there was overcrowding in the areas chiefly affected, but there is no evidence of any resultant increase in infectious diseases.

Apart from temporary inconveniences due to the presence of Armed Forces, the housing shortage, particularly in the instance of the Suva working classes, has long been acute, and is now spreading to other centres where relatively dense concentrations of the population are taking place, and even to the rural areas. A great deal of valuable work has been done by the sugar and mining companies in improving the housing conditions of their employees, and in a lesser degree this is also the case with the Public Works Department. Nevertheless, the great bulk of this work has yet to be accomplished, and necessitates the preparation and application of building schemes primarily for the congested areas, but taking note also of rural requirements. Points that require particular attention are the control and distribution of building materials, security of tenure, and the devising of some scheme or schemes which will replace communal house building by the Fijians where this system is becoming difficult owing to movements of population from village to industrial centre.

Housing is to be given a prominent place in the plan for postwar reconstruction.

E.—WATER SUPPLIES.

Water supplies will also have their place in the postwar plans. During the year extensions to the Suva Water supply were begun, and chlorination plants were installed in Suva, Lautoka and Labasa.

F.—NUTRITION.

There was only one meeting of the Nutrition Committee whose membership consists of officers so fully occupied with the duties of their respective posts that they can only hope to treat nutrition as a subject of academic interest. The most that can be done without special assitance is to take whatever opportunities present themselves to study the food habits of the local communities. The extreme shortage of medical staff combined with the increase in the volume of medical work will prevent the Department from taking any more active steps to study the nutrition problem.

G.—MALARIA AND MOSQUITO CONTROL.

In the early part of the year it was possible to secure the services of an engineer, a surveyor and properly supervised labour and so to institute in a positive manner the campaign against the mosquito and its breeding places. The work was begun in the places which were most exposed to the introduction of the anopheles mosquito, that is to say, in the neighbourhood of the sea

ports of Suva and Lautoka, and the airports of Nadi and Nausori. The shortage of expert staff combined with the immediacy of the malaria danger made it necessary first to concentrate upon the control of breeding places, and so the preparation of the long range plan has been delayed through its having to proceed hand in hand with routine mosquito control, which latter has been so directed as to ensure that it will conform as closely as possible with the general plan itself. This routine included quarantine, of which the control is divided between the Army, Navy and Civil Authorities, and a constant search which has failed to disclose the presence of *Anopheles*. The work has received assistance of great value from the United States Army, and particularly from the two experts Colonels Kissner and Paul Russell. Colonel Kissner spent some days working with the engineer planning out the campaign, and has since reported favourably on its progress; and Colonel Russell has also examined the position and has particularly interested himself in the matter of enforcing strict quarantine.

The local organization, under the Director of Medical Services, has been placed under the supervision and administrative control of the Medical Officer of Health, Suva, who has done very good work in spite of his many other pre-occupations. Shortage of staff is always a major difficulty. The problem is too important to be treated as a departmental activity and efforts to obtain the services of an anti-mosquito team are being continued.

H.—CHILD WELFARE.

A difficult stage has been reached with the retirement at the end of 1943 of two of the most experienced among the Child Welfare Nurses in the persons of Miss Brewer and Miss Geeves, whose replacement with new officers unaccustomed to local conditions must inevitably be attended by some early misunderstandings and maladjustments. The situation is worsened by a shortage of medical staff which prevents adequate supervision and guidance from being given to the new nurses in the early stages of their work. However, two fortunate facts will bring immediate difficulties to a successful issue. The first is the firm laying of the foundation of the work by the retiring nurses, and the second is the excellent quality of the New Zealand public health nurses from whom the new staff will be drawn. The memorandum by the Nursing Superintendent describing the history and organization of Fijian child welfare, which is printed on page 14 of this report, contains information which is of the greatest importance to all workers and others who are interested in this movement. It is very interesting to note how the system of Women's Committees laid down by the American lady, Dr. Roberts, has proved itself to be the keystone of the whole system.

V.—HOSPITALS AND DISPENSARIES.

In the year 1923 the principal hospital in the Colony, which was erected with funds subscribed by the public and Government, was opened and dedicated to the fallen in the 1914–18 war with the highly prized title of " Colonial War Memorial Hospital ". It is to-day quite incapable of meeting the vastly increased hospital requirements of Suva, and so plans are in course of preparation to build a greatly enlarged hospital with 300 general and 20 obstetric beds, with separate facilities for isolation and tuberculosis. The use of the present buildings for a public health centre and other essential medical purposes, as it is now contemplated, will satisfy public opinion by preserving the sentimental value attaching to them as a war memorial. The shortage of accommodation has indeed been sharply illustrated by the fact that the 150 emergency beds taken over during the war in Suva have been kept almost constantly full with serious civilian cases, and that another 24 beds have had to be added to the Lautoka Hospital. Of special interest is the fact that a subsidized ophthalmologist has been attached to the staff.

The present policy of the Government in regard to hospitals is to have one up-to-date general hospital in the capital with medical and nursing schools based upon it, and to have hospitals of a somewhat lower grade, but capable of dealing with all ordinary medical and surgical cases, situated at strategic points. These will be known as regional hospitals and at present there are four. A third class is the native provincial hospital of former days which still serves a very useful purpose in epidemics and in the treatment of milder diseases. They are very much prized by the Fijians who subscribed most of the money to build them and they will continue to be maintained as nearly as possible at the level of cottage hospitals. The approved hospital building programme includes extensions and improvements to the regional and provincial hospitals.

The officers of the American and New Zealand Medical Corps continue to render services of great value to the Colony both in the treatment of patients and the teaching of medical and nursing students, and the happiest relations have persisted between the military and civil doctors.

VI.—MEDICAL EDUCATION.

A.—CENTRAL MEDICAL SCHOOL.

The report of the Principal for the year 1943 is on page 10. The reorganization programme contemplates the enlargement of this school from its present forty-eight pupils to approximately eighty, which will include eight dental students who will be trained as dental assistants. The value attaching to the Native Medical Practitioner as a medical service needs no elaboration.

B.—CENTRAL NURSING SCHOOL.

The year was noteworthy in the fact that in the December examinations the thirteen Native Nurses who qualified were the first to come under the new scheme with a three years' course and generally improved system of teaching. Throughout the year the Native Nurse continued to prove her increasing value both in the hospitals and in the field of public health. During 1943 hospital expansion was accompanied by a necessary expansion of the Central Nursing School where the number of pupils was increased from eighty to one hundred, and a temporary building erected for their accommodation.

During the year fifty new pupils were admitted to the school as follows:—

44 Fijians.
4 Gilbert and Ellice Islanders.
2 Rotumans.

Details of the students who qualified are as follows:—

1 Gilbert and Ellice Islander.
2 Euronesians.
10 Fijians.

The war combined with the rather low education standard of women in the other Administrations has kept down the numbers of non-Fijian pupils in the school.

VII.—CIVIL DEFENCE.

The Director of Medical Services held conjointly the office of Director of Civil Defence. Through loyal co-operation from the public of all classes an efficient civil defence unit was built up and maintained. As the year wore on the danger to the Colony of any active aggression by the enemy receded and had practically ceased by the 31st December.

VIII.—VISIT OF THE DIRECTOR-GENERAL OF THE DEPARTMENT OF HEALTH AND THE DIRECTOR OF NURSING OF THE DOMINION OF NEW ZEALAND.

In connexion with the reorganization of the Medical Department, Dr. M. H. Watt, C.B.E., Director-General of the Department of Health, and Miss M. I. Lambie, O.B.E., Director of Nursing, came from the Dominion of New Zealand to make an inspection of the Medical and Health Services of the Colony. After spending nearly a month in Fiji during which they took every opportunity to study the question before them, Dr. Watt and Miss Lambie jointly submitted the Government of Fiji a report of great value which subsequently was discussed with the Medical Advisers at the Colonial Office when the Director of Medical Services visited London, and which has since been accepted in principle by the Legislative Council of the Colony.

V. W. T. McGUSTY,
Director of Medical Services.

APPENDIX A.

Vital Statistics.

The estimated population at the end of 1942 and 1943 was:—

Race.	Males, 1943.	Females, 1943.	Total, 1943.	Total, 1942.	Increase.	Increase per cent.
Europeans	3,242	2,003	5,245	4,917	328	6·67
Euronesians	2,865	2,740	5,605	5,411	194	3·58
Fijians	56,637	54,709	111,346	109,220	2,126	1·94
Rotuma (all races)	1,685	1,635	3,320	3,250	70	2·15
East Indians	60,314	49,174	109,488	105,581	3,907	3·70
Polynesians	1,127	720	1,847	1,787	60	3·35
Chinese	1,868	483	2,351	2,293	58	2·52
Others	741	698	1,439	1,436	3	·21
Total	128,479	112,162	240,641	233,895	6,746	2·88

The number of births recorded during the last four years was:—

Race.	1940.	1941.	1942.	1943.	Crude birth-rate per 1,000, 1943.
Europeans	94	137	60	73	13·91
Euronesians	173	153	206	234	41·74
Fijians	3,776	3,940	3,790	3,899	35·01
Rotumans	142	145	143	130	39·15
East Indians	4,019	4,595	4,514	4,755	43·42
Polynesians	71	53	51	82	44·39
Chinese	53	79	68	65	27·64
Others	75	54	5	4	2·77
Total	8,403	9,156	8,837	9,242	38·45

The crude birth rate in 1942 was 37·78.

The number of deaths recorded during the past four years was:—

Race.	1940.	1941.	1942.	1943.	Crude death-rate per 1,000, 1943.
Europeans	25	39	32	23	4·38
Euronesians	34	31	24	40	7·13
Fijians.	1,654	1,708	1,674	1,773	15·92
Rotumans	58	45	68	60	18·07
East Indians	799	810	768	826	7·54
Polynesians	34	46	54	33	17·86
Chinese	8	15	12	12	5·10
Others	31	11	0	1	·69
Total ..	2,643	2,705	2,632	2,768	11·50

The crude death rate in 1942 was 11·25.

The marriages, births, deaths and natural increase for 1943 were:—

Race.	Marriages.	Births.	Deaths.	Increase.	Increase per 1,000	Decrease.
Europeans	29	73	23	50	10·17	....
Euronesians	44	234	40	194	35·85	....
Fijians	1,182	3,899	1,773	2,126	19·46	....
Rotumans	19	130	60	70	21·51	....
East Indians	1,178	4,755	826	3,929	37·21	....
Polynesians	24	82	33	49	27·42	....
Chinese	13	65	12	53	23·11	....
Others	0	4	1	3	2·08	....
Total ..	2,489	9,242	2,768	6,474	27·68	....

Infantile Mortality.

Race.	No. of Deaths under 1 year	Rate per thousand births.	No. of Deaths under 1 year.	Rate per thousand births.	No. of Deaths under 1 year.	Rate per thousand births.	No. of Deaths under 1 year.	Rate per thousand births.	No. of Deaths under 1 year.	Rate per thousand births.
	1934.	1934.	1935.	1935.	1936.	1936.	1937.	1937.	1938.	1938.
Europeans ..	1	23·81	2	32·26	2	31·25	1	14·08	5	89·28
Euronesians	5	55·55	8	49·38	10	62·5	8	53·33	9	56·96
Fijians ..	467	126·35	462	126·51	522	140·51	331	96·44	408	107·06
East Indians	257	82·95	203	63·24	283	81·23	187	55·70	280	76·75
Polynesians .	10	256·41	8	148·15	2	76·92	2	27·03	5	238·09
Others ..	6	50·42	5	142·86	3	53·57	4	75·47	10	81·96
Rotumans ..	33	358·7	9	68·18	16	146·79	10	77·52	18	139·53
Total ..	779	108·25	697	95·09	838	109·76	543	74·55	735	92·12
	1939.	1939.	1940.	1940.	1941.	1941.	1942.	1942.	1943.	1943.
Europeans ..	1	12·05	..	....	2	14·60	1	16·66	1	13·69
Euronesians	5	35·97	5	28·90	5	32·68	10	48·54	13	55·55
Fijians ..	392	106·75	263	69·65	317	80·46	320	84·43	355	91·05
East Indians	257	69·87	210	52·25	186	40·48	198	43·86	200	42·06
Polynesians .	8	148·14	4	56·33	6	113·21	8	156·88	1	45·45
Others ..	10	84·74	8	62·50	8	60·15	3	41·09	8	62·01
Rotumans ..	12	122·45	7	49·29	7	48·27	13	90·91	17	130·77
Total ..	685	87·35	497	59·14	531	57·99	553	62·56	595	64·38

TABLE OF INFANTILE MORTALITY 1943.

Race.	Years					Total.
	Under 1 year.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	
Fijians	355	143	75	25	15	613
Indians	200	23	14	12	5	254
Europeans	1	..	..	..	..	1
Euronesians	13	3	..	..	..	16
Polynesians	7	1	..	..	1	9
Rotumans	17	6	2	1	1	27
Chinese	2	..	..	..	..	2
Others	..	..	..	..	..	..
Total ..	595	176	91	38	22	922

APPENDIX B.

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1943 AT GENERAL AND PROVINCIAL HOSPITALS.

Note.—This classification is based on the International List of Causes of Death, 1929.

The year was noteworthy for the absence of any serious outbreaks of epidemic diseases.

Diseases.	*Total.*	*Deaths.*
I—Infectious and Parasitic Diseases	3,194	176
II—Cancer and Other Tumours	150	22
III—Rheumatism, Diseases of Nutrition and of Endocrine Glands and Other General Diseases	286	20
IV—Diseases of Blood and Blood-forming Organs	159	17
V—Chronic Poisoning	14	1
VI—Diseases of Nervous System and Sense Organs	757	34
VII—Diseases of the Circulatory System	384	72
VIII—Diseases of the Respiratory System	1,082	110
IX—Diseases of the Digestive System	1,339	69
X—Diseases of the Genito-Urinary System (Non-Venereal)	742	29
XI—Diseases of Pregnancy, Childbirth and the Puerperal State	1,252	27
XII—Diseases of the Skin and Cellular Tissues	1,298	9
XIII—Diseases of the Bones and Organs of Locomotion	173	..
XIV—Congenital Malformation	49	5
XV—Diseases of Early Infancy	60	23
XVI—Conditions Associated with Old Age	167	3
XVII—Affections produced by External Causes	635	4
XVIII—Ill-defined Conditions	2,082	47
Totals	13,823	668

CENTRAL LEPER HOSPITAL, MAKOGAI.

(ANNUAL REPORT FOR 1943.)

I have the honour to forward the following report on the Central Leper Hospital, Makogai, for the year 1943.

STAFF.

Three "refugee" Sisters from the Solomon Islands of the same Society as our Makogai Nursing Sisters, are taking advantage of their temporary exile to acquire experience of leprosy nursing. The interest and enthusiasm they are showing in the work provide a good augury for the time when circumstances allow of their return to the Solomons.

In this connexion it may be recalled that His Excellency Sir Arthur Richards, as a result of his admiration for the devoted and efficient work of the Sisters at Makogai, asked the Reverend Mother Agnes to provide a Nursing Staff for the Leprosarium at Spanish Town, Jamaica. Dr. E Muir, Secretary of the British Empire Leprosy Relief Association, wrote recently of the improvement in the Station there since the arrival of the Sisters, and it is interesting to note that the only three Sisters on the Staff with previous experience of leprosy were former Makogai Sisters.

While Makogai can train Nursing Sisters for work in the Solomon Islands as well as in the British West Indies, can train Native Medical Practitioners from Samoa, Cook Islands, Tonga and the Solomons, and can accommodate and treat Patients from these islands as well as from Fiji itself, it is certainly living up to its name of Central Leper Hospital.

STATISTICS.

There was a decrease in the total number of patients during the year from 645 to 631. Admissions numbered 77, and Discharges (including 1 Unconditional Discharge) 65. There were only 26 deaths.

During the past ten years, a total of 942 patients have been admitted to Makogai, 295 of whom were from beyond the Colony of Fiji. Seventy-five of this total (nearly 8 per cent) were Readmissions after Conditional Discharge, and 17 of these have been again discharged. All discharged patients are subject to periodical re-examination in their own districts, and a number of the re-admissions were on account of trophic conditions and not of reactivation of their disease.

On the other hand, one occasionally receives a salutary warning as to the need for the utmost care in assessing "Arrest" of the leprotic process. A Lepromatous case, for example, who had been under treatment here for fifteen years, had been negative clinically and bacteriologically for the statutory two years, and had only been retained for the previous five years under the category "? Activity of ears", smears being bacteriologically negative. He was discharged early in 1943, and the first two of his 3-monthly examinations resulted in reports of "No change". Within nine months of his discharge, however, he was returned to Makogai in full nodular reaction.

It might be suggested that the process of readjustment to ordinary civil life after his prolonged isolation at Makogai had produced the breakdown, but he had learnt a trade here, and easily found employment on discharge. He had, moreover, saved quite a "nest-egg" at Makogai, and states that he was well looked after by relatives, had good food, and did not find his work hard. It may be that his disease was just kept in abeyance here by the routine of injections, etc., and that their sudden cessation enabled the latent disease to regain the upper hand. Such a case might well have benefited from a continuation of treatment after discharge.

Admissions.

The seventy-seven admissions for the year 1943 include:—

Fijians	17
Indians	20
Cook Islanders	32
Samoan	5
Niue Islanders	2
Euronesian	1

The various types of leprosy were represented as follows:—

Neural–1	34
,, 2	13
,, 3	2
Lepromatous–1	6
,, 2	22

It should be noted that 24 of the 32 Cook Islanders admitted were Neural–1 cases, and that 11 of the 20 Indians were Lepromatous–2. The early diagnosis among Cook Islanders will doubtless be reflected in early discharge, but it is obvious that Indians are still not being diagnosed at a satisfactorily early stage.

Deaths.

Twenty-six patients died during the year 1943, seventeen of them being advanced cases of long duration. Of these seventeen deaths, eleven were certified as being due directly to leprosy, three to nephritis or uraemia, two to gangrene and septic absorption, and one to amyloid degeneration of the bowel. Five deaths were due to tuberculosis, of which four were pulmonary and one generalized. Cerebral haemorrhage accounted for two more deaths, asthma with heart failure for one, and one patient committed suicide.

Seventeen of the twenty-six deaths may therefore be regarded as more or less definitely due to leprosy. The oft-repeated statement that " leprosy is not a killing disease " could therefore be well amended to " leprosy is not a rapidly killing disease ".

Discharges.

The sixty-four discharges during the year included twenty-six Neural–1 cases, twenty-six Neural–2, four Lepromatous–1 and eight Lepromatous–2. One of the Lepromatous–2 cases, as mentioned above, has already badly retrogressed and been readmitted. The following list gives the average period of detention and treatment at Makogai in each of the four types concerned—

Neural–1	4 years
,, 2	5 ,,
Lepromatous–1	8 ,,
,, 2	12 ,,

From the racial point of view, the discharges were made up of thirty Indians (11·6 per cent of Indian inmates), sixteen Fijians (10·2 per cent), fourteen Cook Islanders (24 per cent) and four Rotumans. The relatively high proportion of Cook Islanders continues to emphasize the importance of early diagnosis and careful follow-up of family contacts. There are far more relatives among our Cook Island inmates than among any other community, and the large proportion of young children indicates that without this care, leprosy in the Cook Islands would soon assume a far more threatenting aspect.

Public Works.

Although no new building has been possible during the year owing to shortage of material, general maintenance and painting of buildings have been carried on as usual by locally trained patients. For this work they have received over £800 in wages.

Local Produce.

The patients have again produced more cassava, taro, bananas, sweet potatoes, etc., than they have been able to consume, and again, export being of course impossible, the pigs, ducks and fowls have profited from the surplus. Many of the Indians have specialized in the production of peanuts, which, particularly on " Talkie " nights, find a ready and profitable sale. A regular procession of boys and men towards the Women's compound is regarded as an almost necessary preliminary to the " show ", and peanuts at such a time are regarded by women and girls as very adequate compensation for odd jobs of mending and washing.

Rice and flour imports have been reduced by an arrangement under which those patients who do not draw their rice and bread issues are entitled to the price of an equivalent amount of " native vegetables ". Fishing is also encouraged, and any fish not required by the individual sportsman is eagerly bought for the Hospital kitchen. This not only provides healthy and open air exercise for the able-bodied patients, but they also received material encouragement to the extent of £1,575 for garden produce and fish supplied during the year.

In addition to the large numbers of fowls and ducks reared by individual patients, there is a large poultry run in the hospital area supervised by the Reverend Mother Agnes, which produced more than 200 table birds and 5,000 eggs for use in the Main Hospital kitchen.

Fourteen gallons of Chaulmoogra oil were expressed from our own nuts during the year, and was much appreciated by the patients, who, whether owing to its freshness or some other factor, much prefer it to the imported oil. Small supplies are also coming forward from the Agricultural Stations at Nasinu and Sigatoka, where some of our seedlings were planted several years ago. An appeal has also been launched in the *Agricultural Journal* to planters and others who might be willing to grow a few trees, and so supplement our local product. There is moreover a suggestion of planting up suitable areas in hospital and gaol grounds throughout the Colony.

Issues to patients from the Nasau Farm and Bakery include

Beef	26,500 lb
Milk	9,516 gallons
Bread (2 lb loaves)	42,873 loaves.

The Lepers' Trust Board (N.Z.).

The figures already given for payments to patients—£1,575 for Garden Produce, etc., and £816 as wages for Public Works—suggest a high state of financial prosperity among our inmates. A further £500 was paid to Headmen and Headwomen, Hospital servants, joiners for furniture making, tailors, etc., so that in all a total of £2,890 was paid by Government to patients for services rendered.

More than £4,000 was spent by patients in the Co-operative Store, which was able to allocate £200 to the local "Comforts Fund" from accumulated profits. Non-European patients, moreover, in individual or Trust Accounts, have deposits amounting to over £2,000 with the Government Savings Bank.

These figures are liable, however, to give a very one-sided view of the financial status of patients, and reduced to averages, offer a very different aspect. They apply moreover to less than half the number of inmates. A large proportion of patients are physically or otherwise unable to take advantage of the opportunities offered. The school-children and women, also, have few chances of earning money.

It is in these latter unfortunates, particularly, that the New Zealand Lepers' Trust Board has interested itself in so generous and practical a manner, by allocating large sums for their assistance in ways that cannot reasonably be expected from Government. Large numbers of cases of gifts also arrive every Xmas from New Zealand, and in this connexion our gratitude is due to the Union Steamship Company of New Zealand for continuing to transport these goods from New Zealand without charge.

Mr. P. J. Twomey, of Christchurch, the enthusiastic and energetic Secretary of the Lepers' Trust Board, who has worked up the movement from very small beginnings in 1931, and who has been collecting and sending gifts for the patients ever since, visited and inspected Makogai for the first time in 1943. He was given a most hearty welcome by the patients, who realize how much they owe to his generous and untiring efforts on their behalf. By interviewing the patients personally as well as investigating their varied activities, he was able to form a much better idea of their life and needs than correspondance had been able to provide.

Advantage was taken of Mr. Twomey's visit to hold the first meeting of the newly constituted Fiji Branch of the Lepers' Trust Board. The local members include His Excellency Sir Philip Mitchell, K.C.M.G. (Chairman), who is also Patron of the New Zealand Board; Sir Henry Scott, K.C. (Deputy Chairman); Hon. Dr. V. W. T. McGusty, C.M.G., O.B.E., Director of Medical Services; Dr. C. J. Austin, O.B.E., Medical Superintendent, Makogai; Reverend Mother Agnes, M.B.E., Sister-in-Charge, Makogai; Mr. W. E. Donovan (Secretary-Treasurer).

Mr. Twomey was able to outline to the meeting the general attitude and aims of his Board. With regard to Makogai it was the particularly necessitous cases that appealed to them, but they wished to continue the annual cash distributions of £1 per patient at Christmas and 5s. at Easter. They also aimed at assisting in the rehabilitation of discharged patients, not so much by gifts in cash, as by procuring tools of trade, etc.

The board also wished to extend its benefactions to other Pacific Island groups, in particular the Solomons Islands, and has already placed £5,000 at the disposal of Government, for work in the Solomons when it can be started. In the meantime, each of the Missions operating in the Solomon group has been given £500 towards such leper work as it is able to carry out under existing circumstances. Amenities are also to be provided for patients awaiting transport to Makogai from the Cook Islands, Samoa and Tonga.

Mr. Twomey's visit was greatly appreciated, and he was able to take back with him to the New Zealand Board and the people of New Zealand expressions of gratitude from the patients themselves, from the Makogai Staff, from the first meeting of the Fiji Branch, as well as from Government.

The record number of 137 visitors during the year 1943 included His Excellency Sir Cyril Newall, Governor-General of New Zealand; His Excellency Sir Philip Mitchell, K.C.M.G., Governor of Fiji; Sir Henry Scott, K.C.; Hon. Dr. V. W. T. McGusty, C.M.G., O.B.E., Director of Medical Services; Dr. Watt, C.B.E., Director-General of Medical Services, New Zealand; Miss Lambie, O.B.E., Director of Nursing Services, New Zealand; Mr. P. J. Twomey, Secretary Lepers' Trust Board (N.Z.); numerous doctors of the American Medical Corps as well as other members of the Services and representatives of the Treasury, Public Works, Education and Agricultural Departments.

C. J. AUSTIN,
Medical Superintendent, Makogai.

THE CENTRAL MEDICAL SCHOOL, SUVA.

(Annual Report for 1943.)

1. *Students.*—During the year 1943 there were 48 students in residence at the three dormitories, and the following table shows the race of the different students in each year:—

	1st Year.	2nd Year.	3rd Year.	4th Year.	Post-Graduates.	Totals.
Western Samoa	1	.	3	5	.	9
Eastern Samoa	1	.	.	.	.	1
Tonga	1	.	2	1	.	4
Cook Islands	2	.	.	.	.	2
Niue Island	1	.	.	.	.	1
Gilbert and Ellice Islands ..	1	.	2	.	1	4
British Solomon Islands ..	3	.	1	1	.	5
New Hebrides	1	.	1	2	.	4
Nauru	.	.	1	.	.	1
Fiji—Fijians	6	.	5	4	4	19
Rotumans	.	.	.	.	.	.
Indians	1	.	1	1	1	4
	18	0	16	14	6	54

The six post-graduates in the above list were qualified Native Medical Practitioners, and none of them resided in the students' dormitories during 1943. Lectures were recommenced on January 18, 1943, with a total of 48 students of whom four left during the year. The 3rd-year Indian student left on 26th March, 1943, to go to New Zealand for higher medical training; one of the senior Samoan students was dismissed on 7th June, 1943, for disciplinary reasons; the Niue Island student left on 23rd July, 1943, for lack of progress in studies; and one of the Cook Island students left on 18th October, 1943, for health reasons.

The absence of any students in the second year has already been explained in previous annual reports. It is a direct result of the change in 1931 from a three years' course to one of four years, so that in 1934, 1938 and 1942 there was no new class admitted. The postponement of the erection of the new combined Medical School and Hostel, owing to the war, has prevented the increase of the number of students up to 60, with 15 students in each of the four years of medical training.

Ten different Administrations are now sending students for medical training in Fiji. These are:—(1) Colony of Fiji; (2) Gilbert and Ellice Colony; (3) British Solomon Islands Protectorate; (4) the Kingdom of Tonga; (5) the Condominium of New Hebrides; (6) the New Zealand mandated territory of Western Samoa; (7) the Cook Islands; and (8) Niue Island, also under the administration of New Zealand; (9) Nauru Island under a mandate by the Commonwealth Government of Australia; and (10) the territory of Eastern Samoa under the Navy Department of the United States of America. For various reasons no students have yet been received from Pitcairn Island, Guam, Papua and New Guinea.

2. *Health.*—During 1943 two cases of pulmonary tuberculosis occurred among the 3rd year Samoan students. The milder one made a complete recovery before the end of the year, and the other is still under hospital treatment. The health of the remaining 46 students was good, although about half of the students were absent for short periods on account of the widespread epidemic of dengue fever. The ages of the medical students ranged 17 years to 22 years, and the physique of most of the students was above the average for South Sea Island youths.

During my visits to four other tropical Medical Schools in 1939 I made careful inquiries into the health records of medical students, and it can be definitely stated that the health of the medical students in Fiji compares very favourably with that of other tropical medical schools. As in former years, all students were inoculated against typhoid fever, vaccinated against small-pox (if not already protected), and given anti-yaws injections at regular intervals.

3. *Discipline.*—One senior student was dismissed on 7th June, 1943, for continued breaches of discipline in spite of repeated warnings. This Samoan student was above average in his examination marks, but he had a violent temper and an aggressive manner, and was a bad influence on the other students. As a junior student he had managed to keep himself in check, but with the more responsible duties in the hospital his faulty conduct soon caused considerable trouble. Apart from the above case the general discipline of the students was good throughout the year. From time to time minor breaches of discipline occurred but these were quickly dealt with: and frequently the two Head Students were able to settle any minor complaint without any reference to the European staff. The usual punishment was to "gate" the student for one or more weeks.

In spite of the disturbed conditions caused by the War the general management and control of the students have not changed to any appreciable extent. The moderation in the black-out regulations has made evening study much more satisfactory. Fortunately the annual supplies from England of text-books, stationery, etc., and medical equipment such as stethoscopes, all duly arrived on time, and lectures and clinical demonstrations continued without any interruptions throughout the year.

4. *Courses of study.*—In 1931 the course of studies was extended from three years to four years. This four years' course is divided into a junior period of $1\frac{1}{2}$ years followed by a senior period of $2\frac{1}{2}$ years. The junior students receive instruction in Physics, Chemistry, Biology, Anatomy and Physiology, and attend the Medical School every morning and afternoon. The senior students are on duty in the hospital from 8 a.m. to 12.30 p.m. each day, and attend lectures in the afternoon by members of the honorary staff which includes twelve or more lecturers, eight

of whom are Medical Officers. The senior students act as dressers and clinical assistants in the hospital, and form an integral part of the staff of the hospital under the direction of the Medical Officers in charge. Strictly speaking the junior students are not required to do any hospital duty, but in actual practice one or more of them may volunteer in the afternoons for relieving duty in the hospital while the senior students are at lectures: and again during the Christmas and mid-year holidays all the junior students put in four weeks of relieving duty in the hospital so that the senior students may take their own holidays.

A " duty roster " is prepared every three months by the two Head Students so that each student takes duty in the various wards or departments in rotation. With the progressive growth of the medical activities at the Hospital a gradually increasing number of sections have now to be covered; including dental clinics, eye clinics, laboratory technique, child hygiene, meat inspection and practical sanitation demonstrations, etc.

Prior to 1929, under the former Fiji Medical School, there were only 14 Fijian students in residence, and only six lectures were given each week, and these lectures were mostly in the Fijian language by three European lecturers. After the Central Medical School was opened in 1929 the number of students was increased to 40 or more, and full courses of lectures have been given in all medical subjects. The staff now includes one full-time officer and a large honorary staff which varies from 12 to 15 in number. A printed syllabus of studies was prepared in 1929, but it became quickly out of date. In practice it has been found satisfactory to arrange that the lectures cover the selected text-books which include:—Wheeler & Jack's *Handbook of Medicine*; Illingworth's *Short Textbook of Surgery*; Balfour Kirk's *Manual of Practical Tropical Sanitation*, Gibberd's *Short Textbook of Midwifery*, and Hale White's *Materia Medica*. Copies of these textbooks are given to each student, and the books become his personal property if he qualifies. Many of the students have bought their own copies of the larger standard textbooks: e.g. Beaumont's *Medicine*, Rose & Carless' *Surgery*, Buchanan's *Anatomy*, Manson Bahr's *Tropical Medicine*, etc. The general opinion of the members of the honorary staff is that the students can learn better from their own lecture notes and the more elementary textbooks which are supplied to them.

Examinations during 1943.

5. *Fourth Year students.*—Of the 14 students in this year one left in June 1943, and the remaining 13 successfully completed their medical training by December 17th, 1943, and qualified as Native Medical Practitioners. As in previous years the final examination in Public Health, Obstetrics, Surgery and Medicine were spread over the second half of the year instead of crowding them into the hot months of November and December. A pleasing feature was the success of two New Hebridean students (John Kalsakau and Basil Leodoro) who were the first students from the New Hebrides to qualify as Native Medical Practitioners. All the examiners agreed that this year of students attained a high standard of proficiency at the final written, oral and clinical examinations.

Third Year students.—This class of students began with 15 students of whom one Indian student (Ram Anuj) left in March to go to New Zealand for higher medical training, and the remaining 14 students completed a year of medical training. This consisted of clinical work in the hospital from 8 a.m. to 12.30 p.m. and lectures at the Medical School in the afternoons. Owing to several changes during 1943 in the honorary staff of lecturers, the examination results at the quarterly examinations were very uneven, and three students were below standard. Arrangements have been made for twice as many lectures in Medicine to be given in 1944 to this class, and it is anticipated that the final results will be satisfactory.

First Year students.—Of the 18 students in this class 17 successfully completed their six months' course in elementary Chemistry, Physics and Biology by June 1943. The remaining student (Niue Islander) failed in two subjects and left the Medical School on 23rd July, 1943. During the second half of the year this class of students made good progress in Anatomy and Physiology. Among these students there were five Polynesians, four Melanesians and six Fijians, and, in my opinion, the standard was the highest yet attained at the Medical School. On 18th October, 1943, one of the Cook Island students returned to New Zealand so that there were 16 students in this class at the end of the year.

During 1943 complete lists of marks of each quarterly examinations have been distributed to each member of the Central Medical School Advisory Board, and these marks have been given appropriate consideration at the Board meetings. In addition, quarterly reports on printed forms for all classes, showing the conduct, progress in studies, and examination results, have been regularly sent out during 1943 to each of the participating Administrations.

6. Gold Medals and Prizes for 1943.

Gold Medal winners for 1943.

B.M.A. (Fiji Branch) medal in Surgery	Mahesh Prasad (Fiji)
Hon. Alport Barker's medal in Medicine	Tautasi Faatiga (W. Samoa)
Dr. A. H. B. Pearce's medal in Obstetrics	Peni Vuiyale (Fiji)
Sir Maynard Hedstrom's medal in Public Health ..	Mahesh Prasad (Fiji)
N.M.P. Ielu (Samoa) medal in Diseases of Children ..	Peni Vuiyale (Fiji)
Sir Henry Scott's medal in Anatomy	(No award).

Special prizes for 1943.

Pacific Islands Society's prize	John Kalsakau (New Hebrides)
Dr. G. R. Baxter's prize	Iakopo Esera (W. Samoa)
Dr. F. J. William's prize	Jione Siosiomalohi (Tonga).

CLASS PRIZES.

Fourth Year students.

Medicine	Tautasi Faatiga (W. Samoa)	80 per cent.
Surgery	Mahesh Prasad (Fiji-Indian)	86 ,,
Obstetrics	Iakopo Esera (W. Samoa)	84 ,,
Public Health	Mahesh Prasad (Fiji-Indian)	84 ,,

Third Year students.

Medicine	Jione Siosiomalohi (Tonga)	87 per cent.
Surgery	Jione Siosiomalohi (Tonga)	92 ,,
Anaesthetics	Jiosifa Alukuoulu (Tonga)	94 ,,
Diseases of Eye	Jione Siosiomalohi (Tonga)	94 ,,
Forensic Medicine	Jione Siosiomalohi (Tonga)	83 ,,
Materia Medica	Jione Siosiomalohi (Tonga)	92 ,,

First Year students.

Anatomy	Inoke T. Buadromo (Fiji)	91 per cent.
Physiology	Ilaijia N. Turaga (Fiji)	89 ,,
Chemistry	Kaitara A. Nicholas (Cook Is.)	92 ,,
Physics	Tevita Buloka (Tonga)	89 ,,
Biology	Jone B. Nasome (Fiji)	94 ,,

An analysis of the lists of class prize winners for the last thirteen years gives the following percentages:—Fiji, 78 prizes out of a total of 214 or 36·5 per cent; Western Samoa, 40 prizes or 18·7 per cent; Tonga, 39 prizes or 18·2 per cent; Cook Islands, 28 prizes or 13·1 per cent; all others, 29 prizes or 13·5 per cent. It must be remembered however that out of an average number of say 44 students each year about 18 have been Fijians, six were Samoans, four were Tongans, three were Cook Islanders, and 13 were included in the words " all others ". It is evident therefore that the Tongans and Cook Island students have received the greatest number of prizes in proportion to their numerical strength, and this is due to their better knowledge of English on admission. At the present time two of the six gold medals are restricted to Fijian students in accordance with the wishes of the donors of these two particular medals; and it may be reasonable to reserve one or two class prizes to Melanesian students provided a proper standard is obtained.

7. *Lectures during* 1943. The following list gives the names of the lecturers and the subject taken during 1943:—

Medicine	Dr. H. B. Hetherington and Dr. K. R. Steenson.
Surgery	Dr. R. J. Snodgrass and Dr. E. V. Maxwell.
Obstetrics	Dr. G. R. Hemming.
Public Health	Dr. G. R. Baxter.
Diseases of Children	Dr. W. M. Ramsay
Anaesthetics	Dr. I. H. Beattie.
Forensic Medicine	Dr. G. R. Barnes.
Diseases of the Eye	Dr. F. J. Williams.
Dentistry	Mr. H. S. Mount.
Materia Medica	Mr. E. J. C. Seager.
Anatomy	Dr. D. W. Hoodless.
Physiology	Dr. D. W. Hoodless.
Office Accountancy	Mr. A. S. Martin.

During the first half of 1943 lectures and demonstrations in Chemistry, Physics and Biology were given by Dr. D. W. Hoodless as there were no second year students. This junior course of elementary science was followed by Anatomy and Physiology during the second half of the year only.

Training in practical bacteriological work was given by Mr. J. E. Pery-Johnston at the Laboratory, and a special course in practical work in meat inspection was repeated during 1943 by Mr. W. C. Cockell at the abattoir. In addition, numerous demonstrations in practical and clinical work were given by the members of the European nursing staff of the Colonial War Memorial Hospital, and a special course in hospital dietetics was given by the Nursing Superintendent Miss L. M. Lea.

By courtesy of the United States Medical Corps several of the senior students were able to visit neighbouring United States Army hospitals during 1943 and to see new methods in hospital routine.

8. *Games.*—As in previous years, ample facilities for sports and games have been provided for all the medical students during 1943. Owing to the stricter regulations for weight and age in the rugby teams several of the heavier students were unable to play for the Medical School and were allowed to join other teams. The C.M.S. team played in the B grade, and tied for the Barker cup with the 4th Batallion B team. With the presence of many military teams in Suva rugby football has now taken a firm hold in Fiji, and it seems as though most of the medical students have lost interest temporarily in cricket. The Medical School sports ground in Brown Street is the only one in the Suva district which has not been taken over by the military authorities. It is in constant use by the medical students or the native nurses. During 1943 permission was given to the Suva Rugby Union to play three B team matches on the Medical ground on Saturday afternoons, and in addition a number of other teams were allowed to play cricket or football there. Most of these were Indian teams for whom no other sports ground was available but this constant and heavy use of the ground has resulted in several large areas being completely denuded of grass. In future it will be necessary to close the ground for two days in the middle of each week.

9. *Terms and vacations.*—The school year is divided into four quarters. The students are given a period of two weeks at Christmas and again at the end of June. Half the number of students are " off duty " for two weeks, and then the other half have a two weeks' holiday. There are therefore two periods of four weeks in each year when no lectures are given. It is obvious that only a few students can enjoy these so-called holidays by going home to their own villages, but permission is readily given to any Samoan or Tongan students who have friends or relatives in Fiji to visit these friends during the holiday periods.

In December 1943 there were eight final year students belonging to distant Administrations, and it was difficult to arrange transport facilities for sending them back to their native islands. The Tongan student returned to his home by a naval transport; four Samoans returned to Apia by a passenger steamer, and three Melanesians sailed away to " somewhere in Melanesia " on an auxiliary naval craft. Two Native Medical Practitioners who qualified in December 1942 were temporarily employed in Fiji during 1943 until peaceful conditions are restored in Nauru and the Gilbert Islands, and they may be compelled to remain in Fiji for a considerable part of 1944.

10. *Board meetings.*—There were four meetings of the Central Medical School Advisory Board during 1943. Board meetings during the last five years have been held at intervals not exceeding four months. As soon as a new set of quarterly examination marks have been completed a meeting of the Advisory Board is convened in order to avoid long intervals between Board meetings.

Owing to war conditions the scheme of co-operation between the original seven participating Administrations has had to be modified in many ways. One of the chief changes has been in the ratio of Fijian to " foreign " students. It was at first intended to keep this ratio on a 20-20 basis, but during 1943 it had already changed to an 18-30 basis. Up to the present only two Administrations, Western Samoa (34) and the Cook Islands (10), have stated definitely the number of trained Native Medical Practitioners required, and the Advisory Board is without any definite information as to the number of Native Medical Practitioners required for Tonga or the Gilbert and Ellice Islands.

11. *Visitors.*—During peace-time conditions about 120 visitors came to the Medical School each year, but during war conditions the number has decreased considerably and the majority of the visitors have been military or naval medical officers. In November the Governor-General of New Zealand, Sir Cyril Newall, visited the School for the second time, and spoke to the Samoan students individually.

12. *Finance.*—The annual cost per student has varied between £67 and £82. The figure for 1943 has been estimated at £80 approximately. This annual expenditure covers board and lodgings, tuition fees, maintenance expenses, clothing, servants' wages, and a pocket-money allowance of 10s. per month per student. It is seen that each student costs about £75 per annum so that the four years' course of training costs about £300 per head, to which must be added any extra expenditure for transport to and from Fiji. The original capital expenditure for buildings and equipment was about £170 per student, and a proportion of this capital expenditure must be added if the total cost of training an N.M.P. is to be estimated. This proportion is different for each Administration and varies in accordance with the maximum number of trained men required; and may be approximately stated as Tonga, £34; Gilbert and Ellice Islands, £30 and Western Samoa, £20.

13. *Conclusion.*—The Central Medical School has now completed its first fifteen years of service, having trained 130 Native Medical Practitioners during that period, so that an average of more than eight native medical assistants have been sent out each year. It is interesting to note that the former Fiji Medical School granted certificates to only 125 Fijian N.M.Ps. during the period of 40 years from 1888 to 1928, while the present Central Medical School has granted 130 certificates in 15 years. Of the 75 Fijian N.M.Ps. now in practice either in Fiji or " somewhere in Melanesia " 46 of them have received their medical training at the Central Medical School, and a continuous endeavour has been made to maintain the good name and reputation of the Native Medical Practitioner service, and to extend its social benefits to all the neighbouring island groups.

Acknowledgement is hereby gratefully given to the general direction and control exercised by the Director of Medical Services, Dr. V. W. T. McGusty, C.M.G., O.B.E., and to the friendly and cordial co-operation of all the fourteen members of the honorary staff throughout the year.

D. W. HOODLESS,
Principal.

Suva, 31st March, 1944.

FIJIAN INFANT WELFARE.

An Outline of its History and Organization.

(By Miss L. M. Lea, Principal Matron and Nursing Superintendent.)

Now that the work has been in successful operation for sixteen years it may safely be said that there is no activity in Fiji, official or non-official, which can bring more all-round benefit to the Fijian than the Child Welfare Campaign. The organization under which the work is carried out was planned with ingenious care to match the natives social structure and at the same time progressively to delegate responsibility to the people themselves, particularly to the Fijian women. It is essential that every worker who is directly or indirectly concerned with Child Welfare should be acquainted with the form of the Child Welfare organization, for if it is followed with sympathy and patience, the ultimate success of the work in any district is undoubtedly assured. Although information on Native Child Welfare can be obtained from departmental circulars, and by reference to medical annual reports, there is no single article containing a general outline of the information that is necessary to guide the worker. This is an attempt to provide such an outline and at the same time to give some account of the history of this most important movement.

It is difficult to say at what period in the modern medical history of Fiji, Child Welfare was given special attention. What we can say is that it is in children everywhere that the mortality from infectious diseases is highest; that infectious diseases were introduced into Fiji about 1790; that they had had eighty years to spread at the date of the cession of Fiji to Great Britain in 1874 when the population was estimated to be 150,000; that in the year following nearly 40,000 Fijians died from a single epidemic of measles; that the population had reached its lowest point (approximately 83,000) in 1919; and finally that from 1919 onward the effects of the measures introduced to combat infectious diseases and racial decline began to show themselves as a steady rise in the population which has since been well maintained, the estimated figures for 1943 being 111,325, or a percentage increase since 1919 of approximately 33·7 per cent. But if we cannot fix an actual date for the beginning of Child Welfare work, there are certain important events which mark stages in its evolution. The first of these occurred with the publication in 1895 of that most illuminating document which is officially styled the "Decrease of the Native Population", of which a great part is devoted to the study of the Fijian mother and infant, and to the customary observances which it was thought might be adversely affecting either maternity or the health of the child. The second event was the opening of a nursing school in 1909 through the farsighted wisdom of Miss May Anderson, R.R.C. for the training of Fijian women as district midwives. The third was the formal introduction in 1921 of child welfare work in the Fijian villages in the neighbourhood of Suva by Doctor Regina Roberts, who was the wife of the American Consul at the time. It was Doctor Roberts who devised the basic plan which is followed to this day of organizing women's health committees in every Fijian village and allotting to them tasks relating to child care and village health. Doctor Roberts and her Fijian committee women were all voluntary workers, and the scheme she devised and successfully practised was finally adopted by Government and extended to all parts of the Colony with the inception of the present Child Welfare Services on the 1st January, 1927.

The movement has now spread in much the same form to the Gilbert and Ellice Islands Colony, Samoa, and the Cook Islands and it is making headway in some of the other Pacific Island groups as well. By instructing them in elementary hygiene, Child Welfare and the use of simple drugs, and combining this instruction with constant sympathetic encouragement, the village committees can be made to shoulder much of the work of caring for Fijian infants and young children. Indeed the volunteer women workers are the backbone of the whole movement since it is chiefly through them that the important task of delegating responsibility to the Fijians and of incalculating a sense of duty in Fijian mothers can be effectively carried out.

Because of its close connexion with Child Welfare, a brief description must be given of the form of the Fijian administrative system. The majority of the people live in villages with a population of one hundred more or less, each village having its official head man whose actions are influenced by constant conferences with the village elders, even though there is no recognized village council. A group of villages, perhaps five or more, are organized into a district under a chief, known as the Buli who, apart from his official position often exercises heredity and chiefly power over the group. The district has its legally constituted council, much of which is concerned with land and health. Districts combine to the tune of up to ten to form provinces which have a high native chief or official as their head, and which nearly always retain the boundaries laid down for the old Native Governments of pre-colonial days. The provinces in turn have their councils which meet annually or more often, laying down the programme of communal duties for the coming year in the form of by-laws, many of which deal with health matters. These by-laws are subject to the approval of the Governor. Over the whole colony there is the Great Council of Chiefs, which advises the Governor on all matters affecting Fijian Welfare. The Great Council of Chiefs takes a special interest in all matters affecting the health of the Fijians. Through these measures, which were initiated at the time Great Britain took over the Government of Fiji, the Fijians have controlled much of their own affairs, and a great deal of their social system has been retained. This is certainly one of the factors which has helped to preserve them from extinction in their difficult adjustment to modern civilization. Child Welfare which also aims at leaving as much responsibility as possible in the hands of the natives themselves, links up quite naturally with the Fijian Administration.

Now to come back to the women's committees which are really the corner stone of the whole system. Their members are carefully selected for their ability and influence, and the appointments are made by the District Council. Certificates of Merit are issued as a reward for good

service, while for service of exceptional merit a Child Welfare Medal has been struck which is generally presented by the Governor on some ceremonial occasion. By these means the status of a Welfare Committee woman is ensured, the position is coveted, and the prestige of women in the community is greatly enhanced. Before leaving the village welfare committees, stress must be laid on the fact that the value of these women is directly proportionate to the attention shown to them by Administrative, Medical and others of the high officials concerned with Child Welfare and the Native Administration generally. If the committee women are called up at each village inspection, consulted, and made to report on their work, their value in the movement can be kept extremely high. If they are ignored, they fade into obscurity, their value is lost, and Child Welfare work in the particular village or area will suffer immeasurably.

The village committees are grouped under a Government Fijian Welfare Nurse, she is required to keep in close touch with her groups by constantly visiting them. It must be said that this side of the work has suffered constant shortages of staff, but this is a difficulty which should grow progressively less as the enlargement of the Central Nursing School takes effect. The Fijian Welfare Nurses are themselves under the control of a trained Welfare Nurse, generally a European, who works under the direction of the Medical Officer of Health in her area. The Native Medical Practitioners occupy a position with reference to village Child Welfare, similar to that of the health officer in any other Welfare system. Such is the organization which originated in the fertile brain of Doctor Regina Roberts, and which in spite of unavoidable imperfections in its details, if it is completely followed in its outline, cannot fail to be productive of good results.

Now to assist in its administration and also to emphasize the importance of Fijian Child Welfare, there is a Central Committee for the whole Colony under the Chairmanship of the Director of Medical Services which lays down matters of policy, while in each district there is a local committee under the Chairmanship of the District Commissioner which deals with affairs. The members of these committees are chosen so as to make the link with the native administrative bodies as close as possible.

As for the need to continue to concentrate on Fijian Child Welfare, the following figures giving the average death per 1,000 live births under one year for the ten years ending 31st December, 1943, speak for themselves:—

Fijians	102·92
Indians	60·83
Persons of mixed descent	47·93

On the other hand the good that has been accomplished by Child Welfare work is made clear in the following table which stresses the Fijian infant mortality rates under one year, at four yearly periods immediately before and since the work was begun in 1928:—

1927	158·30
1931	113·20
1935	126·51
1939	106·75
1943	91·05

There is every reason to assume that the work is being carried out along correct lines, and to hope for a further steady, if slow, improvement in the coming years. The battle against disease is now nearly won, but there remains the much more difficult battle against those indefinite factors which are due to the changes that are inevitably taking place in the form of the Fijian social system. This battle is concerned with moral and psychological more than material matters, and therefore it must largely be fought out and won by the Fijians themselves, with the help of the Christian Missionaries and the continued support of enlightened officials, both Native and European.

By Authority: F. W. Smith, Government Printer, Suva.—1944.

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